

CLERK  
U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
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**UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY**

BARBARA A. WILLIAMS

(In the space above enter the full name(s) of the plaintiff(s).)

**-against-**

NEW JERSEY TRANSIT RAIL OPERATIONS;  
PATRICK FLANAGAN; RALPH GLOVER;  
JOHN BASS

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for Employment  
Discrimination**

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No  
(check one)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>BARBARA A. WILLIAMS</u>
Street Address	<u>32 WINANS STREET</u>
City and County	<u>EAST ORANGE</u>
State and Zip Code	<u>NEW JERSEY 07017</u>
Telephone Number	<u>973-444-1687</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name	<u>PATRICK FLANAGAN</u>
Job or Title (if known)	<u>ET HOBOKEN/ LINE ENGINEER) BOTH ET COAST LINE/ LINE ENGINEER</u>
Street Address	<u>ONE PENN PLAZA EAST 4TH FL</u>
City and County	<u>NEWARK</u>
State and Zip Code	<u>NEW JERSEY 07105</u>
Telephone Number	<u></u>
E-mail Address (if known)	<u></u>

**Defendant No. 2**

Name	<u>RALPH GLOVER</u>
Job or Title (if known)	<u>SUBSTATION SUPERVISOR "DENVER"</u>
Street Address	<u>ONE PENN PLAZA EAST 4TH FL</u>
City and County	<u>NEWARK ESSEX</u>

State and Zip Code NEW JERSEY 07105  
 Telephone Number 913-625-6990 or 6999  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

## Defendant No. 3

Name JOHN BASS  
 Job or Title Substation Foreman "West End"  
 (if known) \_\_\_\_\_  
 Street Address ONE PENN PLAZA EAST 4TH FL  
 City and County NEWARK ESSEX  
 State and Zip Code NEW JERSEY 07105  
 Telephone Number 201-246-2746  
 E-mail Address 201-246-2203  
 (if known) \_\_\_\_\_

## Defendant No. 4

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name New Jersey TRANSIT RAIL operations  
 Street Address ONE PENN PLAZA EAST 4TH FL  
 City and County NEWARK, New Jersey  
 State and Zip Code New Jersey 07105  
 Telephone Number 973-491-8032

## II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☒ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☒ Other federal law *(specify the federal law)*:

EQUAL PAY

- ☐ Relevant state law *(specify, if known)*:

- ☐ Relevant city or county law *(specify, if known)*:

## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☒ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts (specify): SAFETY CONCERNS IGNORED

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s) 2008-2009  
4/2/14  
6/16/2014, 11/26/2014, 2/2016 - continues

C. I believe that defendant(s) (check one):

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☒ race \_\_\_\_\_
- ☐ color \_\_\_\_\_
- ☒ gender/sex \_\_\_\_\_
- ☐ religion \_\_\_\_\_
- ☐ national origin \_\_\_\_\_
- ☒ age. My year of birth is 1962. (Give your year of birth only if you are asserting a claim of age discrimination.)
- ☒ disability or perceived disability (specify disability) \_\_\_\_\_

- E. The facts of my case are as follows. Attach additional pages if needed.

See enclosed copy of charge .

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*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

**IV. Exhaustion of Federal Administrative Remedies**

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

Since 2009, 6/2014, 11/2014, 2/2016

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on *(date)*

12/02/16

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☒

60 days or more have elapsed.

☐

less than 60 days have elapsed.



**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

10 MILLION DOLLARS

A. COMPENSATORY DAMAGES, for losses of wages and benefits, pension losses, pain suffering, stress, humiliation, mental anguish, emotional harm, personal physical injury, B. DAMAGES for harm to reputation and career development;  
C. Reimbursement for medical expenses; D. Punitive damage; E. Attorney fees and costs of suit F. Injunctive relief requiring remediation of defendant's discrimination and retaliation and G. Such other relief as the court may deem equitable and just.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Feb. 28, 2017.

Signature of Plaintiff

Barbara Williams

Printed Name of Plaintiff

BARBARA A. WILLIAMS

**B. For Attorneys**

Date of signing: Feb. 28, 2017.

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_



EEOC Form 161 (11/16)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Barbara A. Williams**  
**50 Wilcox Avenue**  
**East Orange, NJ 07018**

From: **Newark Area Office**  
**283-299 Market Street**  
**Two Gateway Center, Suite 1703**  
**Newark, NJ 07102**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**520-2016-01865**

**Rayba Watson,**  
**Enforcement Supervisor**

**(973) 645-6021**

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

  
**John Waldinger,**  
**Area Office Director**

**DEC 02 2016**

(Date Mailed)

Enclosures(s)

cc: **Michael J. Gonnella**  
**Deputy Attorney General**  
**Department of Law and Public Safety**  
**Division of Law**  
**One Penn Plaza East 4<sup>th</sup> Floor**  
**Newark, NJ 07105**



EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA  <input checked="" type="checkbox"/> EEOC         </div> <div style="text-align: right;"> <b>520-2016-01865</b> </div> </div>	
<b>New Jersey Division On Civil Rights</b> and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) <b>Mrs. Barbara A. Williams</b>		Home Phone (Incl. Area Code) <b>(973) 444-1687</b>	Date of Birth <b>04-24-1962</b>
Street Address City, State and ZIP Code <b>50 Wilcox Avenue, East Orange, NJ 07018</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>NEW JERSEY TRANSIT RAIL OPERATIONS - NJTRO</b>		No. Employees, Members <b>500 OR MORE 15 - 100</b>	Phone No. (Include Area Code) <b>(973) 491-7000</b>
Street Address City, State and ZIP Code <b>1 Penn Plaza, Newark, NJ 07105</b>			
Name 		No. Employees, Members 	Phone No. (Include Area Code) 
Street Address City, State and ZIP Code 			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> OTHER (Specify) <b>Equal Pay</b></div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <b>02-22-2016 02-22-2016</b> <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p><b>I was hired by the above named employer in 1982. My most recent position title is that of Substation Electrician.</b></p> <p><b>I have been subjected to disparate terms and conditions of employment, harassment, and other acts of discrimination. This includes, but is not limited to, not being upgraded, disparate wages, being passed over for promotion, subjected to unfair discipline, and failure of accommodation for my disability. AND RETALIATION</b></p> <p><b>Accordingly, I feel I have been discriminated against on the basis of race (Black), sex (female), age (54), and disability, in violation of Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act, as amended, the Americans with Disabilities Act, as amended, and The Equal Pay Act, as amended.</b></p>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

6/30/16 Barbara Williams  
 Date Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  
 SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
 (month, day, year)

